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| SERIAL NUMBER 09/990,123 | FILING or 371(c) DATE 11/21/2001 RULE | CLASS 705 | GROUP ART UNIT 3687 | ATTORNEY DOCKET NO. 0185418 | |
| APPLICANTS Albert R. DiPiero, Portland, OR; David G. Sanders, Portland, OR; ** CONTINUING DATA ***** This appln claims benefit of 60/252,518 11/21/2000 ** FOREIGN APPLICATIONS ***** ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ** 12/03/2001 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/VANEL FRENEL/</u> Examiner's Signature | <input type="checkbox"/> Met after Allowance V.F. Initials | STATE OR COUNTRY OR | SHEETS DRAWINGS 15 | TOTAL CLAIMS 28 | INDEPENDENT CLAIMS 5 |
| ADDRESS BRYAN CAVE LLP TWO NORTH CENTRAL AVENUE, SUITE 2200 PHOENIX, AZ 85004 UNITED STATES | | | | | |
| TITLE Health plan management method and apparatus | | | | | |
| FILING FEE RECEIVED 576 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |